

RECORDS SCHEDULING WORKSHEET

1. Use **PART 1 (required)** to complete relevant department information.
2. Use **PART 2 (required)** to describe a records series produced by your department/office or division.
3. Use **PART 3 (required)** to appraise the value of the records in this record series and propose a retention.
4. Use **PART 4 (optional)** to collect additional information about this record series.
5. Please complete only one worksheet for each record series.
6. You need only identify the record series that reflect the unique functions of your department or division.

Questions? Contact Metro Records Management staff at 862-5885.

PART 1. DEPARTMENT INFORMATION (*Required*)

1.1 RECORDS OFFICER NAME	1.2 DATE
Mike Potts	2/3/2004
1.3 DEPARTMENT/OFFICE NAME	1.4 DIVISION NAME
Metro Clerk's Office	Records Management Division
1.5 DOES YOUR DEPARTMENT / OFFICE / AGENCY HAVE PRIMARY AUTHORITY FOR ANY OF THE FOLLOWING (check or circle yes or no for each, and include the year the authority started and/or ended)?	
A. Hiring - Yes: No: <input checked="" type="checkbox"/> Year Started: Year Ended:	
B. Payroll - Yes: No: <input checked="" type="checkbox"/> Year Started: Year Ended:	
C. Purchasing - Yes: No: <input checked="" type="checkbox"/> Year Started: Year Ended:	

PART 2. RECORDS SERIES IDENTIFICATION & DESCRIPTION (*Required*)

2.1 TITLE OF THE RECORD SERIES
Choose a meaningful title that would assist someone outside your business area in identifying these records:
Records Holdings Work Orders
2.2 DESCRIPTION OF THE RECORD SERIES
Develop a meaningful description of the records that answers the questions "Why are these records created?" and "What are they used for?":
A. These records are created because/in order to... Document requests made by departments for records to be retrieved by Records Center staff, and for records eligible for destruction.
B. These records are used for/to... Track the status of records holdings transactions including check-out, return, non-return, and/or destruction, and for annual reporting on Records Center activities.

C. Is this the primary copy of this record series?

Yes: **X**

No:

D. If not, then list the department or office that is responsible for the primary record:

N/A

2.3 DOCUMENT TYPES INCLUDED IN THE RECORD SERIES

A. List all document types that make up this record series (for example: OSHA Form 200, OSHA Form 101, incident logs, hearing transcripts, determination orders, and related correspondence):

Request Forms
Correspondence
Work Orders

PART 3: RECORDS APPRAISAL WORKSHEET (*Required*)

3.1 OPERATIONAL VALUE

A. After what period of time has the operational life span of these records expired?

An annual report has been created and boxes/files have been returned or destroyed

3.2 FISCAL VALUE

A. Are these records needed for financial audits?

Yes:

No: **X**

B. If yes, when are audits performed?

N/A

C. If yes, by whom are audits performed?

N/A

3.3 LEGAL VALUE

A. Is there a length of time, regarding these records, after which a party may no longer bring an action against the department (for example: file a suit, contest an action, collect money, enforce a judgment)?

Yes:

No: **X**

B. If yes, what is that length of time and the basis?

Length of time: N/A

Basis for action: N/A

C. Are there codes, statutes, and/or regulations that affect how long these records must be retained?

Yes:

No: **X**

D. If yes, provide all applicable citations:

N/A

3.4 PROPOSED RETENTION

A. Based on the answers to Sections 2.1 through 2.3, propose a retention for these records:

Maintain by fiscal year, hold 3 years, then destroy; Incomplete transactions older than 3 years can be destroyed on completion

B. List the activities or events that will trigger this retention (for example, *5 years after* -- employee termination, contract expiration, submission of final report, end of fiscal or calendar year):

End of fiscal year, or return of file or box when date of work order is older than 3 years

PART 4: RECORDS INVENTORY (*Optional*)

4.1 INDEX AND FILING INFORMATION

A. List the primary and any additional indexes the records are filed and accessed by (for example, alphabetic by person, vendor, or geographic name; numeric by case number; by date):

Primary Index:	Secondary Index:	Other Index:	Other Index:
Work Order Number	Complete / Incomplete	Monthly	

B. Indicate the cut-off cycle for the records which may be used for filing and to initiate the disposition (for example, fiscal or academic year; calendar year; termination or expiration date):

Fiscal Year (July 1 - June 30)

4.2 DATES, VOLUME, FORMAT, AND ACTIVITY INFORMATION

A. List each location where records are housed (for example, building ID and room number, name of electronic system, and/or other description):

Location 1:	Location 2:	Location 3:	
1115 Elm Hill Pike, Room B, File Drawer A	O'Neil Database on ITS Server		Attach an additional sheet for any other locations.

B. For each location identified in (A), list in the table below the dates, volume, format, and activity of this record series. Attach an additional sheet if these records are housed in more than three locations:

- a. For dates, enter beginning and ending.
- b. For volume, enter cubic feet, megabytes, number of objects, and so on.
- c. For format, enter paper, microfilm, bound book, digital image, database, paper, and so on.
- d. For activity, enter daily, weekly, monthly, quarterly, yearly, and so on.

	Location 1	Location 2	Location 3
a. Dates:	July 2000 - present	July 1998 - present	
b. Volume:	2 cubic feet	?	
c. Format:	Paper in file folders	Electronic database	
d. Activity:	25 times per day	50 times per day	

4.3 SHARED INFORMATION

A. Are there instances in which physical files or electronic data/documents in this record series are shared with other departments or offices?

Yes: No: **X**

B. If yes, please list each department/office (if information is shared across all Metro departments just state "Metro-wide"):

N/A

4.4 CONFIDENTIAL STATUS

A. Is any of this information confidential?

Yes:

No: **X**

B. If yes, list the applicable document types below AND include the item number from the Confidential Records Checklist to indicate the reason:

N/A

4.5 CRITICAL STATUS

A. State the consequences or impact of not having the records immediately available for a short period of time:

If the work order only is not available, we would be unable to identify who had checked out an item and we could not produce monthly reports for requests, destructions, and any supplies that we distributed. If the integrity of electronic database was also compromised, we would have numerous critical problems including the inability to accurately track boxes and files.

B. State the consequences or impact of not having the records available for a significant period of time:

Once a box or file folder has been checked out and returned and the monthly reports have been completed, we have very little need for this series.